1	item of infor-	should-state	of OCCUPA-	
	RECORD. Every	PHYSICIANS	watt statement	
BINDING	ERMANENT R	EXACTLY.	y classified. L	+0
FOR	ISAF	stated	properl	antifian
MARGIN RESERVED FOR BINDING	ITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	a should be carefery supplied. AGE should be stated EXACTLY. PHYSICIANS should-state	SE OF DEATH in plain terms, so that it may be properly classified. Leatt statement of OCCUPA.	I in mountaint Con instantained on head of southfloats

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH		82-0
County while	>	Registration Dist. No. 3
Village or City Length of rasidence In city or town where death occurred	(16	No. St., War death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. d
VIV.	The same of the sa	A
2. FULL NAME	Luga	
(a) Residence: No.	cuflon	St., Ward.
	place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE OF DEATH
OR DIV	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	non.	22.   HEREBY CERTIFY, That   attended deceased fro
61	/ /	St pt 25 , 193/ , to Jot / , 193 -
6. DATE OF BIRTH (month, day, and year)		I last saw h alive on fle fle 30 193 2, death is sai
7. AGE Years Months Days		to have occurred on the data stated above, at
11 motherson	1 day, hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8. Trada, profession, or particular	1//	Date of office
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	el Riops	Carebral Alexanter
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
Ciris occupation (month and	otal time (years) spent in this	
year)	occupation	Other Contributory Caoses of importance:
12. BIRTHPLACE (city or town)		17000
(State or country)	2	freno Scleros
13. NAME Samuel Ch	use	·
14. BIRTHPLACE (city or town)	2	Name of operation Data of Data
(State or country)	1)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many My	16.12	23. If death was dua to axternal causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME Wang Ma	0	Accident, suicide, or homicide?
(Stata or country)		Where did injury occur?
1111:01		(Specify city or town, county and State)
(Address)	in	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	7-116 40	Manner of injury
Place Place Date	3-7-7-1934	Nature of injury
19, UNDERTAKER Delana L	mel.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Quel 1, 1932 XVV	Vielelo	(Signed) Letter M.
	Registrar.	(Address) A limiting our ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Beltimore, Requesting U. S. No. 1. Per E. L. R.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
grapeati V. a.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEAT should Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death St. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MADRIED, WIDOWED, 21. DATE OF DEATH OR DIVORZED (write the 5a. If married, widowed, or divorced HUSBANO of 22. HEREBY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) If LESS than 7. AGE Months Days to have occurred on the date stated above. 1 dev. ..... hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, ED SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which pino may back work was done, as SILK MILL RESER SAW MILL, BANK, etc ... Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (State or country FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis?.. ..... Was there an autopsy?\_\_\_\_ carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ 16. BIRTHPLACE (city or town (State or country Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury TION Nature of injury. 24. Was disease or injury in any way\_related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify egistrar.

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
100			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

14. BIRTHPLACE (city or town (Stata or country)

MOTHER 15. MAIOEN NAME

16. BIRTHPLACE (city or (town) (State or country)

(Address) 18. BURIAL, CREMATION, OR, REMOVA

19. UNOERTAKER

23/ If death wes due to externel ceuses (VIOLENCE) fill in also the following:

Registrar.

Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE

What test confirmed diegnosis?\_.

Manner of injury Neture of injury

24. Wes disease or Injury in eny wey releted to occupation of deceesed? If so, specify

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

should be carefully

important.

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OF DEATH

CAUSE

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

d

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9.—The industry or business in which the work was done.

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Example I		Example II	
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Chronic interstitial nephritis	- 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10726
1. PLACE OF DEATH	93-02
County Callert	Registration Dist. No. 5
Village or City Calvert Co	death opeured in a hospital or institution, give its NAME instead of street and number)
	2 3ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME STRUCK LIN	kl
(a) Residence: No. Trince Fuder	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensel Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the wordy	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) 7, 186 3	Hast saw h exaliva on Oct 8 19 3 death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at 12 of m.
69 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Gangren of le 4 weeks
work was done, as SILK MILL, at lonce	
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
E 13. NAME Jone Juck	Henry Please 440.
13. NAME JON Such	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME THE TOWNS	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. Stort or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Schaff, Cleard.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Carroll's Date 19 192	Nature of injury
19. UNDERTAKER M. N. Sewell	24. Was disease or injury in any way related to occupation of deceased?
(Address) Spares Ned.	If so, specify
20. FILED 9 19 32 IN Single Registrar.	(Signed) / M. D. (Address) / M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10722
1. PLACE OF DEATH	18670 371
County ( alver)	Registration Dist. No.
Village or City Colvert Co J	Mospf Tr. July som Ward
1/	(If death occupied in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	os. How long in U. S. if of foreign birth? yrs. mos. ds
2. FULL NAME dig of mm.	may.
(a) Residence: No. Trobus	ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR ACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 7
OR DIVORCED (Prite the word)	193 2
5a. If married, widowed or divorced D	(Month) (Day) (Year)
HUSBAND of John to Ellery	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Morel 24, 184)	1 last saw h 12 alive on Q 1 17 193 death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 m.
85 6 23 1 day, hrs	THE PARTY OF THE CARDE OF BEATTER AND TOTAL OF THE PARTY
8 Trade profession or particular	were as follows:
kind of work done, es SPINNER, MAN	Chemic Mys co-deter 14
arthdustry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
-   this secupation (month and	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	3 × 3
(State or country)	Troit. Tenur Gell oren 192
13. NAME William Crem  14. BIRTHPLACE (city or town)	a rug, at her home, 4 years before death.
14. BIRTHPLACE (city or town)	Name of operation Dete of Dete of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
E 15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Occident Date of Injury
(State or complety)	Where did injury occur? Low here home.  (Specify city or town, county and State)
17. INFORMANT July, - M. Wellaw, . (Address) Jalongens M.S.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVED	Menner of Injury fall; fell over a rugh
Place Sharram Date Date 17, 19	Nature of injury fractured femus.
19. UNDERTAKER MA Author Denkerson (Address) Mutual - Ma	24. Was disease or injury in any way related to occupation of deceased?
0.115 810 8	(Signed)
20. FILED PET 8 . 19.324 = TY Charles Registrar.	(Signed) M. M. Alexical + L.
If more blanks are needed, address State Registra	ir, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10728
County Calgert	Registration Dist. No.
Village or City Change	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
V2 - 11 11 -	2
2. FULL NAME Froma Hanett To	auplu
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 15 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 1 25	. 19, to, 19,
6. DATE OF BIRTH (month, day, and year)	I last saw h elive on , 19 ; death is said
7. AGE Years Months Oeys If LESS than I day. hrs.	to have occurred on the date stated above, at 2 20 Pm.
7020 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Deouther Guerman
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  11. Total time (years) this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc	
Oate deceased last worked at this occupation (month and spent in this	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	
13. NAME Claren Franklin	
13. NAME Clauser Franklin  14. BIRTHPLACE (city or town) JALY  (State or country)	Name of operationOate of
(State or country),	What test confirmed diagnosis?
IS. MAIOEN NAME Hanelt Leve	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Sevel Sevel 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury 19
State or country)	Where did injury occur?
17. INFORMANT Clayence Jeanholis	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Change Just	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Coopers Charles Oate Cel 17, 1972	Nature of injury
19. UNDERTAKER W. CO Walch (Address) Francisco	24. Was disease or injury in any way related to occupation of deceased?
20. FILED COCT 15, 1932 W H Harleshy Registrar.	(Signed) Mul Ward M. D.  (Address) During UNI
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting T. S. No. z.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemarrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Les buth Certificate for Change of aste of buth.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every tem CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

V. S. No. 1 (M)

of infor-

1. PLACE OF DEATH County Calvert	2	Registration Dist. No.	520729
Village or City Sunderl	and	No	St.,Ward
Length of residence in city or fown where deat	h occurredyrsmos	ds. How long In U.S. if of foreign birth?yrs	ds.
2. FULL NAME	Hay	o. W. d	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or	town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3. SEX 4. COLOR OR RACE S.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH / 2 (Month) (Oay)	, 193. Z (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	Half	22. I HEREBY CERTIFY, That I	attended deceased from
7	5-7	6 6	. 19-2 : death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2m. The PRINCIPAL CAUSE OF DEATH and related causes of import	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	ormin,	were as feltows: Lan Julianumen	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this openuation (month and	amer		
10. Oate deceased last worked at this occupation (month and year)	11, Total time (years) spent in this occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) / / (State or country)		Collect Contractory Contractor Institute Contractor	
13. NAME vmmm			
13. NAME VINITAL 14. BIRTHPLACE (city or town)	lingtimen	Name of operation	Date of
(State of country)		What test confirmed diagnosis? Was	there an autopsy?
15. MAIOEN NAME Mulans  16. BIRTHPLACE (city or town)  (State or country)	own	23. If death was due to external causes (VIOLENCE) fill in also th	
E (State or country)		Where did injury occur?	
17. INFORMANT Thomas &	pay	(Specify city or town, coun Specify whether injury occurred in INDUSTRY, in HOME, or in F	
18. BURIAL, CREMATION, OR REMOVAL Place Zo Marsh Llours	Oate let 13 , 1932	Manner of injury	
19. UNOERTAKER Wland	ewell	24. Was disease or Injury in any way related to occupation of dec	ceased? 120
20. FILEO. QCA-10, 1982 2W24	Hardesty Kosistrar.	(Signed) Just War	M. 1

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MOV 4 1932			
Other contributory causes of importance:	de la companya del companya de la companya del companya de la comp	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			*

Every item of infor-

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10730	
1. PLACE OF DEATH	<u> </u>	
County Oakat	Registration Dist. No. 52	
Village or City Change	NoSt., W death occurred in a hospital or institution, give its NAME instead of street and number)	/ard
	death occurred in a nospital of institution, give its INAIVIE instead of street and number)	
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	_ds.
2. FULL NAME Ochule & Holt		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	10 /6 1932	
	(Month) (Day) (Year)	)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased to	from
(or) WIFE of	a / 1929 to Oct 15 10	
CALLY OF BERTHAMAN CONTRACTOR OF THE STATE O	I last saw h un alive on Oct 1) 190 death is	hies
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 5 Am.	2010
Rose 1 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
O Cormin.	were as follows:	nset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	allustur	
SAWYER, BDDKKEEPER, etc.		
work wes done, as SILK MILL,		
SAW MILL, BANK, etc		
this occupation (month end spent in this occupation year)		
1.4	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		
13. NAME Villey Arthur 14. BIRTHPLACE (city of town).		
14. BIRTHPLACE (city of town)	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there en eulopsy?	
15. MAIDEN NAME Marie Brooks  16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
State or country)	Where did injury occur?	
17. INFORMANT Alan Easton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
(Address)		
18. BURIAL, CREMATION, DR REMDVAL	Manner of injury	
Place Halls Creek Date Oct 18, 1932	Nature of injury	
urls buill	24. Was disease or injury in any way releted to occupation of deceased?	
19. UNDERTAKER William Other Blue (Address)	If so, specify	
60/2 1/02/11/01	14 / lal lalea d	N 53
20. FILED. C.C. 18, 1932 W/7 Standary	(Signed)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
HURRAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones *	May 1,1923	Gastroenteritis	1 year
		1	

1.	PLACE OF DEATH		CERTIFICATE OF DEATH	
	county Calvert		Registration Dist. No. 50	
	Village or City Druel	Ca		Ward
	Length of residence in city or town where de		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos	ds.
2.	FULL NAME Walter	M. Howar	d	
	(a) Residence: No.		St., Ward.	
	PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
3. S	<del></del>	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
7	nule Block	OR DIVORCED (write the word)	OCLOTO 30 ,1982 (Month) (Day) (Yea	ir)
5a, I	If married, widowed, or divorced HUSBAND of (or) WIFE of Wortle	· Howard	22. I HEREBY CERTIFY, That I attended deceased Febr. 28 1932-10 19	from
6. D	ATE OF BIRTH (month, day, and year)	9.6-1848	I lest saw h. ! M. aliva on Tel - 28 , 19 32; death l	s said
7. A		Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at 1.2.30 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) for spant in this	arteriosclerosis - 19.	29
12.	BIRTHPLACE (city or town) Moru (State or country)	loud	Other Coutributory Causes of Importance:	
۲.	13. NAME William	itoras of		
FATHER	14. BIRTHPLACE (city or town)	100-0-111	Neme of operation Date of	
	(State or country)	ryloud	What test confirmed diagnosis? Was there an autopsy?	
MOTHER	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Make	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
17.	INFORMANT Mortle (Address)	a gornand	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL Place Lucky . md	Data (1) , 193 >	Mannar of injury	
19.	UNDERTAKER Sevel.	Frederich my	24. Was disease or injury in any way related to occupation of deceased? No.	
20.	FILED 11 1932 BY	Registrar.	(Signed) (O O O O O O O O O O O O O O O O O O O	_M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THEREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10732
1. PLACE OF DEATH	(161-dZ)
County Calvert	Registration Dist. No.
Village or City Lew Point	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds How long in U.S. If of foreign birth?mosds.
2. FULL NAME Thelma (Chew) H	arley
(a) Residence: No. Them PA.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE C. 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH to 4 1937 (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from  No doctor from Allandaugus
6. DATE OF BIRTH (month, day, and year) Seat 8, 1932	Hast saw h
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 7 2 m.
2 6 I day hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
& Trade profession or particular	Wald as follows.
Trade, profassion, or particular kind of work dona, as SPINNER, had any SAWYER, BOOKKEEPER, atc.	Hemmorrhage From hose
work was dona, as SILK MILL, SAW MILL, BANK, atc	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  11. Total tima (yaars)	
this occupation (month and spentin this occupation occupation	
	Other Contributory Causes of importance: An almthubon
(State or country)	
13, NAME Pavis Chen	
13. NAME Plus Chen  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Ollie Hurley)	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ollie Hurley  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Data of Injury 19
(State or equity)	Where did injury occur?
17. INFORMANT Lewis Chen (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Liny Date 19, 1937	Nature of injury
19. UNDERTAKER Charlie Jacks	24. Was disease or injury in any way related to occupation of daceased?
(Addrass), Plum DV.	If so, spacify
20, FILED 10/4 1932 D. N. Ling	(Signad)
20. FILED Registrar.	(Addrass) I mae Jylds
If more blanks are model Aldrew State Projection	N Charles Street Policins D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I  The principal cause of death and related causes Date of onset of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrita	s	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July5,1927	Peritonitis	3 days ago
	Kaik			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER S'	TATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<b>3</b>
County Salvert	Registration Dist. No.
Village or City Calment Co Than	Mochal , Jun , St., Ward
	doubth occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME MY JAM	austi.
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) 8, 193 (Year)
5a. If married, widowed, or divorced	(MUNCH) (Vay) (Teal)
HUSBAND of (or) WIFE of	22. ! HEREBY CERTIFY, That I attended deceased from
10 × 11 32	, 19, to, 19,
6. DATE OF BIRTH (month, day, end year)	i last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
ormin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Stell from
Date doceased last worked at this occupation (month and year) spant in this occupation.	
12, BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
2 13. NAME and Ar huson	
13. NAME and Julian  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Dete of
15. MAIDEN NAME alberte to lun ann	23. If death was due to external causes (VIDLENCE) fill in also the following:
E D	Accident, suicide, or homicide? Dete of injury 19
O 16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
17. INFORMANT. Warrel Johnson (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cress Dat Dat 18 1937	Manner of injury
19. UNDERTAKER Warnes Johnson (Address)	24. Was disease or injury In any way related to occupation of deceased?  If so, specify
20. FILED 10/18 , 19 3/7/ M. / Aggistrar.	(Signed) Amalay M. [ (Address) Mul Tuduk
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SURFAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

(Address)

should state of OCCUPAitem of infor

2. FULL N	AME AME	Me Kerny
(a) Resid	ence: N6	(Usual place of abode)
PERSC	NAL AND STATIST	ICAL PARTICULARS
3. SEX //	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5a. If married, wid HUSBAND of (or) WIFE of	owed, or divorced	
6. DATE OF BIRT	H (month, day, and year)	Feb. 29 1912
7. AGE	ears Months	Days  If LESS than  1 day,hrs.  ormin.
9. Industry of work of SAW in	work done, as SPINNER, R. BOOKKEEPER, etc	11. Total time (years) spent in this occupation
12. BIRTHPLACE (State or c		A
1.	CE (city or town)	Kenny
	CE (city of town)	Handlerty Not
17. INFORMANT (Address)	Ma John	Mekenny
18. BURIAL, CREM	ATION, OR REMOVAL	Date (Oct 27, 1932
	w H Hart	rent

10734

	27-5
	Registration Dist. No. 52
1/6	No. St Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
11	7 _
1	
	St., Ward.  If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
T.D.	
ED, ord)	21. DATE OF DEATH 24 193 2
	(Month) 2 4/ 193 (Year)
	22.   I HEREBY CERTIFY, That I attended deceased from
	10/2, 1929, to 10/24, 10-
12	I last saw h. 4 alive on 10-1-2-7, death is said
than	to have occurred on the date stated above, at J.S.Am.
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
11.	were a followed Date of onset
	lons, of right hip Jaint. Secondary
	staphylocoscie infection. Caugo
	Duration 3 years.
	Other Contributory Causes of Importance:
	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
	Where did injury occur? (Specify city or town, county and State)
>	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of injury
932	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify
	(Signed) Jugy Ward M. D.
rar.	(Address) ( Carrier)
egistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If more blanks are needed, address State R

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
·			

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE C	OF	MARYL	AND-	CERTI	FICATE	OF	DEATH

1. PLACE OF DEATH	WARTLAND—	CERTIFICATE OF BEATH	
County Calvert		Registration Dist. No.	51
Village or City Durings  Length of residence in city or town where yeath occ		No	St, Ward
2. FULL NAME Benjam	in Wixse	St., Ward.	
(a) Residence: NoU(i	Jsual place of abode)	If nonresident give eity o	or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
m   Colored OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day	, 193.2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)	Norsell 861	Sept. 25 1932, to Oct 1 last saw him alive on Oct 2	l attended deceased from
7. AGE Years Months	20 If LESS than 1 day, hrs. or min.	to have occurred on the data stated above, atP_m. Tha PRINCIPAL CAUSE OF DEATH and related causes of impowere as follows:	rtance Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	rmer	hemiplegia Tallow Cere bral Themourhas	rus gs.
10. Date deceased last worked at this occupation (month and year)	11. Total tima (years) spant in this oc:upation	Othar Contributory Causes of importance:	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME	Cand march 00	arterio-Sclerose	<u></u>
14. BIRTHPLACE (city or town) (State or country)	land	Name of operationWhat test confirmed diagnosis?Wa	
15. MAIDEN NAME TO GREY CLUB 16. BIRTHPLACE (city or town).  17. INFORMANT CALLER (Address)	Land Lorsell	23. If death was dua to external causes (VIOLENCE) fill in also t Accident, suicide, or homicide?	jury, 19,
	Uct. 6, 193	Manner of injury	
19. UNDERTAKER Willia J. (Address) Davis	Sevell	24. Was disease or injury in any way related to occupation of d	eceasad?
20. FILED Oct. 5, 1932.	W. Leitch A. Registrar.	(Signed) (Address) (Address)	own, mo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 14

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HAV 1 3934	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County	elvent	Registration Dist. No. 51
Village or City	ulina	NoSt., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town wher	death occurredyrs	mosds. How long In U. S. If of foreign birth?yrsmosd
2. FULL NAME and	un ast	hur Offer
(a) Residence: No.		St., Ward.
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
SEX Male 4. COLOR OR BACE	5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor	21. DATE OF DEATH
a. If married, widowed, or divorced HUSBAND of	- July	
(or) WIFE of	2 4	22. I HEBEBY CERTIFY, That I attended deceesed fr
. DATE OF BIRTH (month, day, and year)	June X0, 19:	2 1 last saw h alive on local first
AGE Years Month	Days If LESS th	
4	20   1 day, min	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	5	
SAWYER, BOOKKEEPER, etc.	None	Trouches Aneumonis 30
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		1 of miles freemones 34
Date deceased last worked at this occupation (month and	11. Total time (years) spent In this	
year)	occupation	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town)	Wd.	
(State or country)	616	- A / A
	f corner	2 4 CEN
14. BIRTHPLACE (city or town) (State or country)	mi,	Name of operation
15. MAIDEN NAME	1 made	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	ni	Accident, suicide, or homicide?
(State or country)		Where did injury occur?
7. INFORMANT / Juntur (Address) - a	alustico	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	10/21	Manner of Injury
Place V durient	Dete / 3 /, 19	Neture of Injury
9. UNDERTAKER Cufus F (Address) Cheling.	Juley Kus.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 1 0/30 ,1932	J. M. See Kegistr	(Signed)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See berthe certificate for date of burth

	RI	2	Ex	
MAKGIN KESEKVED FOR BINDING	E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RI	XACTLY	E'OF DEATH in plain terms, so that it may be properly classified. Ex	
ス カ	\ PE	ed E	erly	
5	IS	state	prop	
1	HIS	pe	pe	
IK V	X-T	pluor	may	
E S	Z	Est	at it	
저	DNI	AG	o the	
215	FAD	ied.	ns, si	
AAR	ND	lddn	terr	,
4	ITH	Illy s	plain	-
	W ,	refu	I in	
	NLY	e ce	ATE	
1	LAN	I PI	DE	
1	P	shor	OF	
	77	- 01	6	ı

STATE OF MARYLAND—	CERTIFICATE OF DEATH	36
1. PLACE OF DEATH	82-0)	9.7
County Lawers	Registration Dist. No.	
Village or City & Drynns Island	, No. St.,	Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?mosmos	
2. FULL NAME SAMMA & F	teker	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE OR DIVORCED (wrife the word)	21. DATE OF DEATH (Month) (Day) , 193	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mullie E. Litely	22. LHEREBY CERTIFY, Thet I attended decea	ased from
6. DATE OF BIRTH (month, day, and year) June 2 1874	I last saw h alive on A A Chulled; dea	ath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 4.4m.	
5 % 4 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
8 Trade profession or particular	Dai	ite ol onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month and	apoplyting 4	o hos
To Date decesed last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country)  (State or country)  (State or country)		
E	the state of the s	
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Data of What tast confirmed diegnosis? Wes there an autop	sv?
15. MAIDEN NAME Theya dun Titeller	23. If death was dua to external causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME The am titles  16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Mus Muller Pittles.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Place Del Date Oct 6 1932	Menner of injury	
19. UNDERTAKER A A Horberra	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEDOCK 5 , 19.3 29 Clare Sucre Registrar.	(Signed) (Address) AMCL Friedrich	M. D.
		-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAVI	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			•	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 107	37
1. PLACE OF DEATH	(107-20)	
County Salvert	Registration Dist. No. 2 C	144
Village or City appeal	NoSt.,	Ward
Length of residence in city of town where death occur of yes	death occurred in a hospital or institution, give its NAME instead of street and number of the description o	
2. FULL NAME Cattering	till. Amith	
	C4 Ward	
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 3. SEX 4. COLOR OR RACE Colored, Single, Married, Widowed, OR Divorced (write the word)	21. DATE OF DEATH (Month) (Day)	193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended d	eceased from
6. DATE OF BIRTH (month, day, and year) Nov. 18, 1929	I last saw harm alive on Oct 10, 1932	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 P.m.	
3 11 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Broncho Preumousa	3 lap
SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10 Date deceased last worked at this occupation (month and spent in this		
this occupation (month and year) occupation		
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:	0
(State or country)	Tonsiletes	4 days
13. NAME fathan Anick		
14. BIRTHPLACE (city or town) appenl 711	Name of operation	
(otate of country)	What test confirmed diagnosis? Was there an au	Jłopsy?
15. MAIDEN NAME CHINCHE	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Annette grass  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT Mallon Amith	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMOVAN OR REGIONAL DA GOL-1176	Manner of injury	
Triban Vinell	Nature of injury	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO GC 1-12, 19 5 2 - 310 Farles. Registrar.	(Signed) Mosele (Address) Musical Audura	7 M. 0
76 11 1 11 11 0 0		77 72

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1
Gausiones	May 1,1925	Gastroenterus	1 year